

1 **UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**
2 **WASHINGTON D.C. 20460**

3 September 17, 1999

4 **OFFICE OF THE ADMINISTRATOR**
5 **SCIENCE ADVISORY BOARD**

6 **Note to the Reader:**
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9 The attached draft commentary of the Health and Ecological Effects Subcommittee
10 (HEES) of the Advisory Council on Clean Air Compliance Analysis (Council) is undergoing
11 internal review. In its present form, the Chair considers that it represents the consensus
12 of the HEES, but will not be released in final form until Council review and approval. The
13 Council will consider the draft report at its publicly announced conference call meeting
14 October 1st. Once the Council approves the report, it can be transmitted to the EPA
15 Administrator. The final report will be available on request.
16

17 This draft has been released for general information. The reader should remember
18 that this is an unapproved working draft and that the document should not be used to
19 represent official EPA or SAB views or advice. Draft documents at this stage of the
20 process often undergo significant revisions before the final version is approved and
21 published.
22

23 The SAB is not soliciting comments on the advice contained herein. However, the
24 SAB will accept comments on the issues listed below. The SAB is not obligated to
25 address any responses which it receives.
26

- 27 1. Are any statements or responses made in the draft unclear?
28
29 2. Are there any technical errors?
30

31 For further information or to respond to the questions above, please contact:

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Insert Date

EPA-SAB-Council-ADV-99-###

Honorable Carol M. Browner
Administrator
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460

RE: The Clean Air Act Amendments (CAAA) Section 812 Prospective Study of
Costs and Benefits (1999): Advisory by the Health and Ecological Effects
Subcommittee on Initial Assessments of Health and Ecological Effects;
Part 2

Dear Ms. Browner:

On June 28-29, 1999, the Health and Ecological Effects Subcommittee (HEES) of the Advisory Council on Clean Air Compliance Analysis (Council) met to provide advice on four charge questions relating to the health and ecological effects associated with implementation of the 1990 Clean Air Act Amendments (CAAA of 1990, Section 812, Public Law 101-549, November 15, 1990, 104 Stat. 2399) projected to the year 2010. This meeting supplemented the discussion the HEES held on April 20-21, 1999 on seven initial charge questions. The HEES provided advice on those initial charge questions in Part 1 of this Advisory.

Introduction

In Part 2 of this Advisory, the Subcommittee addresses three charge questions relating to major categories of effects discussed in the Prospective Study: (1)

Ecological and Welfare Effects; (2) Health and Ecological Effects of Hazardous Air Pollutants (HAPs); and (3) Health Effects of Criteria Air Pollutants. The HEES provides a response to the following charge questions for each: (1) Are the input data used for each component of the analysis sufficiently valid and reliable for the intended analytical purpose?; (2) Are the models, and the methodologies they employ, used for each component of the analysis sufficiently valid and reliable for the intended analytical purpose?; (3) If the answers to either of the two questions above is negative, what specific alternative assumptions, data or methodologies does the Council recommend the Agency consider using for the first prospective analysis?

The HEES also addresses a specific charge question concerning existence of a 15 year lag between changes in PM exposure and changes in associated adverse health effects.

Ecological and Welfare Effects

The Project team responded well to the HEES' previous recommendations to include discussions of indirect effects of air pollutants on ecosystems and the need to eventually adopt a systems approach for the ecological analyses. For example, the paragraph on page 6-7 of the draft report illustrates complex interactions associated with the effects of nitrogen deposition in a watershed, wherein what at first glance might be construed as positive effects of increased nitrogen loading on growth of individuals and populations can result in negative impacts on communities and the ecosystem by changing community composition and causing anoxia in water bodies. In general, the exposition of ecological concepts related to air pollution has improved considerably during this first Prospective Analysis. However, we still have major concerns that are presented below.

Charge Question No. 1: Input Data. The input data are appropriate with respect to the selection of models for the economic assessment. There are several concerns regarding the methodologies, which in turn have implications for the input data. These concerns need to be recognized and are discussed in the next section.

Charge Question No. 2: Models and Methodologies. The models and methodologies for cost/benefit assessment with respect to ecological (ecology *per se*) and welfare (timber, fisheries, and agriculture) effects have several notable shortcomings. The most important are the following:

1. Methodologies for valuation of only a very limited number of ecosystem services are represented, and the present inability to value changes in many ecosystem service flows means that the noncommercial service flows from ecosystems are not captured in the economic valuation. A result of the inability to value ecosystem service flows is the intrinsic value of ecosystems (e.g., biodiversity) as well as the service flows that underpin the sustainability of human well being (e.g., climate modification, water purification and recharge, air purification, waste processing) are omitted from the cost of air quality. The omission of ecosystem service flow evaluations needs to be rectified in the future. The omission of evaluation of these service flows in this Prospective Study results in a substantial undervaluation of the benefits associated with the service flows from ecosystems. In addition, such omission undermines the Agency's commitment and mandate to protect ecological systems.
2. The methodology for valuing effects of tropospheric ozone on forest timber harvests has some shortcomings that have been presented repeatedly in the HEES advisory process. It is recommended that the document state the methodology's assets and liabilities.
3. The remainder of the models and methodologies (e.g., acid deposition and fisheries, nitrogen loading in estuaries) are appropriate for this exercise.
4. As noted above (No. 1), there are a host of ecological endpoints whose valuation is not presented (e.g., genetic resources, climate modification, detoxification of wastes). In previous discussions, the recommendation was made that these service flows be listed and referenced to the literature (e.g., Daly, Costanza). This recommendation was not adopted in the most recent draft of the Prospective Study, and we ask that appropriate reference material be added to the current Prospective Study.

Charge Question No. 3: Recommendation of Alternative Assumptions, Data or Methodologies. Because of resource constraints (time and financial resources), it is not feasible to rectify all the deficiencies noted above with respect to the valuation of ecological service flows in the current report to Congress. However, excluding agricultural crops, ecological effects were relegated to only two sentences in the Executive Summary (out of a four-page summary), and this is too little in light of EPA's mandate. We recommend at least explaining in the Executive Summary why so many

1 potentially important ecological benefits were not calculated and/or monetized for the
2 current report. Moreover, we strongly recommend that the Agency re-commit to
3 quantify and monetize ecological benefits in future efforts. A more balanced
4 perspective on the benefits/costs with respect to ecological effects must be an area of
5 emphasis in the next Prospective Study.

6 As noted above, the methodology for assessing commercial timber has some
7 shortcomings. It is recommended that the document clearly articulate the assets as
8 well as the liabilities of the methods used.

9 Finally, agricultural effects and other welfare effects should be combined in the
10 chapter on ecological effects and be identified through an expanded title for the
11 chapter.

12 Health and Ecological Effects of Hazardous Air Pollutants (HAPs)

13 Charge Question No. 1: Input Data. With respect to human health, the first
14 Prospective Study has not quantitatively addressed toxic air contaminants. The HEES'
15 recommends a workshop to develop the parameters for future evaluations of HAPs as
16 a way to bring the necessary expertise to bear on this problem. The EPA plan for
17 HAPs valuation proposed for the workshop at the June 28-29, 1999 meeting did not
18 include defined goals for evaluation of the population exposure to HAPs. Instead, it
19 was focused on the assessment of hazards. The HEES consensus is that a workshop
20 solely to address hazard assessment issues will not meet the needs for future studies.

21 The HEES strongly recommends that the current plan for a workshop, as
22 presented at the June 28-29, 1999 briefing, be expanded to provide a stronger focus
23 on the exposure issues and on selecting the critical agents and mixtures that might be
24 evaluated at the workshop and in the next prospective study. If necessary there could
25 be more than one workshop planned, with the second workshop dealing with
26 exposure-response issues for the selected HAPs. The HEES also advises that the
27 initial workshop attempt to address methodological issues common to assessment of
28 both health and ecological effects (see discussion of ecological issues at the end of the
29 section of this Advisory addressing HAPs).

30 Charge Question No. 2: Models and Methodologies. The first Prospective Study
31 does not quantitatively evaluate HAPs. Regarding exposure assessment, the EPA
32 plans to couple the ASPEN (Assessment System for Population Exposure Nationwide)
33

1 and HAPEM (Hazardous Air Pollutant Exposure Model) models in order to generate
2 preliminary national-scale exposure estimates for "certain" HAPs. The HEES suggests
3 that there be a greater emphasis on evaluating the available and proposed
4 environmental measurements and the use of these data to validate proposed air quality
5 models. The predictive capability of ASPEN was questioned at an earlier HEES
6 meeting and validation is still needed if this model is to be employed in subsequent
7 812 analyses. HEES recommends that EPA work with the Air Quality Modeling
8 Subcommittee (AQMS) of the Council to examine a variety of air exposure models in
9 order to select those that can accurately predict HAP exposures.

10 HEES is also concerned about the utility of the unit risk factors for generating
11 best estimates for population impacts. The previous recommendation that EPA choose
12 and evaluate case studies of a few selected HAPs should be implemented. This effort
13 may provide insight into this issue.

14 Charge Question No. 3: Recommendation of Alternative Assumptions, Data or
15 Methodologies. The Prospective Study refers to EPA's 1990 cancer risk study that
16 indicated that as many as 1,000 to 3,000 cancers annually may be attributable to about
17 a dozen well-studied HAPs compounds. It would be useful to indicate in the document
18 which pollutants were judged important in that study. For example, a summary of the
19 risk study could be presented as a matrix showing pollutant vs. health outcome.

20 Additionally, the potential benefits of reduced exposures to persistent
21 contaminants (e.g. mercury) that might accrue from particulate matter (PM) reductions
22 relevant to the 1990 CAAA should be mentioned, and a quantitative assessment of
23 important toxins should be considered for the next Prospective Study.

24 Research needs can be divided into four parts: source assessment, exposure
25 assessment, hazard assessment, and ecological assessment. HEES recommends that
26 the exposure assessment begin with actual measurements of atmospheric
27 concentrations in critical locations near sources and populations. HEES recognizes
28 that, as part of the 812 process, exposure models are also required for future
29 projections. However, these models need to be validated by comparison with
30 atmospheric measurements in order to support both the initial selection of relevant
31 HAPs and their subsequent exposure assessment.

32 The measurement activities need to determine: 1) which HAPs to monitor in
33 urban air in order to establish a nationwide data base; and 2) which HAPs to use as

1 example case studies for 812 analysis. The first task is a challenging one, given that
2 there are nearly 200 regulated compounds. However, it is an essential first step. Even
3 in the absence of comprehensive air exposure models, these measurements would
4 allow EPA to assess the magnitude and importance of atmospheric exposures for a
5 given compound. This would then allow models to be tailored to those compounds of
6 ultimate interest, with the assurance that their inhalation exposure route is worth
7 describing in detail.

8 HEES recommends that the list of HAPs to be monitored be formulated using
9 several different approaches. One practical approach is to consider those compounds
10 that are planned to be measured by the national ambient monitoring network for air
11 toxics being designed by EPA. This approach, however, begs the question of whether
12 or not these particular compounds produce significant health effects at ambient
13 concentrations.

14 As a parallel effort in the advancement of HAP exposure assessment,
15 appropriate air quality models need to be developed for HAPs. These models should
16 span a range of spatial scales, including not only local scales (point source impacts),
17 but also urban (10-50 kilometer), meso (20-200 kilometers), and synoptic (100-1000
18 kilometers) scales. The models also need to include atmospheric chemistry and
19 deposition processes. To this end, HEES recommends that EPA work with the AQMS
20 to develop appropriate guidelines for selection and validation of models for this task.
21 The Subcommittee also concurs with the AQMS recommendation that EPA continue to
22 pursue the Models 3 framework.

23 In order to combine exposure and hazard assessments, HEES continues to
24 recommend the development of several specific case studies. These case studies
25 would use compounds for which there is an atmospheric measurement data base, and
26 would attempt to cover the complete range of 812 analyses. The HEES previously
27 recommended, and still recommends, that selected agents (benzene was suggested
28 for human health effects, mercury and dioxins for ecological effects) be evaluated for
29 the current Prospective Study. The HEES had not previously detailed the elements of
30 that evaluation. As a suggestion, the evaluation should include an appraisal of the
31 existing health effects literature, an inventory of data sources, an estimate of potential
32 exposure and if insufficient information is available to perform an economic assessment
33 then some idea of the scope of the potential problem could be indicated. This could

1 include numbers of people exposed and locations of possible high concentration "hot
2 spots." This latter exercise would include a few key HAPs and would serve as a focal
3 point for workshop discussions. From this initial evaluation it should be possible to
4 identify data gaps and an identification of the types of resources that would be needed
5 to fill those data gaps.

6 Although specific details of methods needed to evaluate the effects of HAPs on
7 human health will differ from those needed for ecological effects, the general approach
8 for human-health effects should not differ from the general approach for ecological
9 effects. Overall, this approach probably will involve a three-step process requiring
10 three mathematical functions: 1) emissions, meteorology, and atmospheric chemistry
11 will be simulated in a comprehensive air quality model that is combined with ambient
12 measurements to predict-exposure concentrations, 2) the exposure concentration will
13 be used to predict a biological response (e.g., changes in human health; changes in
14 survival, growth, or reproduction of animals or plants; changes in nutrient cycling or
15 other systems-level service flow), and 3) the biological response will be used to predict
16 damages. The difference in damages between two model scenarios will be the
17 estimated benefit associated with changing from one scenario to the other. Thus, any
18 HAP could in concept be carried through the same general set of calculations for
19 humans, wildlife, plants, ecosystems, etc., with only the details of how the models are
20 generated differing among the target systems. It would be productive for the initial
21 HAPs workshop to establish this overall analytical framework based on cross-
22 fertilization between human-health specialists and ecologists, before diving into the
23 details of human-health effects analyses.

24 But in reality, our knowledge of these three mathematical functions for any
25 receptor is limited and will not be improved until specific research is conducted to
26 address several shortcomings. Thus, at present, the Agency might need to *a priori*
27 classify each of the HAPs into one or more of six groups of a two-factor matrix, in which
28 two categories of uniformity of exposure across a region (homogeneous across a region
29 versus heterogeneous [i.e., localized high concentrations surrounded by much lower
30 concentrations]) are crossed with three categories of toxicity (toxic to humans versus
31 toxic to non-humans versus adversely affecting ecosystem functions). The specifically
32 tailored analytical procedures might differ considerably among HAPs. However,
33 harmonizing the approaches as much as possible early in the procedure might help

1 prevent the appearance of disconnects between the human-health and ecological
2 approaches later.

3 Health Effects of Criteria Air Pollutants.

4 Charge Question No. 1: Input Data. Much of the epidemiological data, particularly
5 the PM-mortality data have not been validated for causality. Thus, there is an assumed
6 relationship between mortality and PM at present ambient concentrations. Since the
7 Agency has chosen to assume the relationships are valid and reliable, appropriate
8 caveats are in order. We believe, based on oral advice given the Agency and
9 commitments made by the Agency at our meeting on June 28-29, 1999 to modify
10 specific text that is deficient or contradictory, that the Agency will put appropriate
11 caveats in place.

12 Charge Question No. 2: Models and Methodologies. The Subcommittee believes
13 that they are adequate for the purposes of the Prospective Study.

14 Charge Question No. 3: Recommendation of Alternative Assumptions, Data or
15 Methodologies. The dominant role of premature mortality on the benefits calculations
16 makes it especially important to support and/or encourage further prospective cohort
17 mortality studies that consider multiple air pollutants as potential causal factors.

18
19 15-Year Lag for Particulate Matter Effects

20 Charge question: "It has been suggested to the Agency that the WHO (1996) study
21 provides scientific evidence of the existence of a 15 year lag between changes in PM
22 exposure and changes in associated adverse health effects. Heretofore, however, the
23 Agency has interpreted the WHO authors' summing of incidences at the end of the 15
24 exposure period of the Dockery study as a matter of mathematical convenience, not
25 evidence of the WHO authors' belief in the existence or magnitude of a lag between
26 changes in exposure and changes in risk of adverse health effect. What is the SAB
27 HEES view regarding the proper interpretation and use of the WHO (1996) study?
28 Specifically, does the HEES believe it is reasonable to assume that, based on the
29 WHO (1996) study or other evidence, there is no reduction in risk of adverse health
30 consequences until 15 years following a reduction in PM exposure?"

31 Response: Contrary to the June 17, 1999 letter from Arbuckle and Blank to Donald
32 Barnes, there are no statements in the 1996 WHO report to suggest that there is any
33 scientific evidence for the existence of a 15 year lag between changes in PM exposure

1 and mortality. On page 35 of the WHO report (last paragraph, third line from bottom),
2 the authors state that “for simplification [emphasis added], it was assumed that the
3 effect of particulate matter only started to become manifest after 15 years in subjects
4 who were 27.5 [years of age] initially” No citations from the published literature are
5 given to support the 15-year lag assumption, nor is the issue further discussed within
6 the WHO report. Thus it is clear that the authors of the WHO report used a 15-year lag
7 assumption strictly “for simplification,” which can be interpreted as a convenient
8 statistical device for estimating the mortality effects from chronic exposure of the
9 population to particulate air pollution.

10 There is considerable evidence, cited in both the WHO report and EPA’s 1995 Air
11 Quality Criteria Document for Particulate Matter, that daily variations in PM have an
12 immediate effect on mortality risk within a one to five day interval between elevated PM
13 concentrations and excess mortality. This effect was particularly apparent for
14 cardiovascular and respiratory causes of death among the elderly. These observations
15 are commonly interpreted as implying that the acute mortality effect of PM occurs
16 among a particularly susceptible segment of the population whose health status is
17 already compromised by pre-existing disease. Thus with a reduction in PM levels, it is
18 reasonable to expect that there will be some immediate benefits from mortality
19 reductions among susceptible individuals.

20 However, the magnitude of estimated mortality effects from the cohort studies of
21 Dockery et al. (1993) and Pope et al. (1995) are different than the estimates from the
22 time-series studies. The WHO report estimates a 10% mortality increase per $10\mu\text{g}/\text{m}^3$
23 annual difference in PM from the cohort studies, whereas the time-series studies show
24 an overall 1-2% mortality increase per $10\mu\text{g}/\text{m}^3$ daily variation in PM. The different
25 estimates from the cohort studies, even when they are adjusted for the differences in
26 time duration, may be attributable to three consequences of PM exposures: (1)
27 cumulative PM exposures of the entire population may result in a PM-induced increase
28 in the number of individuals who become susceptible to the acute mortality effects
29 observed in the time series studies; (2) cumulative PM exposure may cause chronic
30 diseases which increase the mortality rate of the population, but the deaths of a portion
31 of these chronically ill persons may occur independently of the daily variations in PM
32 exposure, and these latter deaths are not captured by the time series studies; and (3) a

1 10µg/m³ change in annual average concentration may be associated with a much
2 larger change in peak 24-hour exposure levels.

3 Given that the mortality effect of cumulative air pollution exposure exceeds that of
4 daily variations in exposure, the question becomes, over what time period does the
5 excess effect manifest itself in the population? As noted above, some of the mortality
6 effects of cumulative exposures will occur over short periods of time in individuals with
7 compromised health status, but other effects are likely to occur among individuals who,
8 at baseline, have reasonably good health that will deteriorate because of continued
9 exposure. No animal models have yet been developed to quantify these cumulative
10 effects, nor are there epidemiologic studies bearing on this question. As the HEES
11 previously stated, "consideration of time lags on annual mortality outcomes might be
12 premature" ("CAAA (1990) Section 812 Prospective Study Health & Ecological Effects
13 Initial Studies," EPA-SAB-COUNCIL-ADV-99-005). Neither the 1996 WHO report nor
14 do any recently published studies provide reasons to revise this statement.

15 Although there is substantial evidence that a portion of the mortality effect of PM is
16 manifest within a short period of time, i.e., less than one year, it can be argued that, if
17 no a lag assumption is made, the entire mortality excess observed in the cohort studies
18 will be analyzed as immediate effects, and this will result in an overestimate of the
19 health benefits of improved air quality. Thus some time lag is appropriate for
20 distributing the cumulative mortality effect of PM in the population. The HEES concurs
21 with the approach proposed by EPA at the June 29th meeting on this issue, and
22 recommends that the Tier 2 SA Lag estimates as presented at the meeting (Table
23 entitled "Sensitivity to Lag Assumption" Attached in Appendix A) be considered as the
24 best estimate for use in the 1999 Section 812 report. HEES also recommends that a
25 sensitivity analysis of the time lag issue should also be presented in the report. The
26 sensitivity analysis should include a higher end and a lower end mortality estimate
27 (e.g., 0, 8, 15-year lags), in which the higher end estimate would include a no-lag
28 assumption, as given in the second column of the above table, and the lower end
29 estimate would replicate the analysis used in the 1996 WHO report. The latter analysis
30 has been published in the peer-reviewed literature (Brunekreef B., "Air pollution and life
31 expectancy: is there a relation?" *Occupational Environmental Medicine*, 1997; 54:781-
32 4). The Brunekreef analysis clearly results in an underestimate of the immediate
33 mortality effect of PM, since, as discussed above, there is ample evidence for a short

term mortality effect of PM, but the 15-year lag analysis presented by Brunekreef provides a statistically simplified approach to estimating the potential delayed effect of PM exposures for a young and relatively healthy segment of the population.

Summary Statement on Research Needs

The HEES commends the Agency for its efforts in developing the first Prospective Study. In fact, it has been an enlightening exercise which demonstrates the deficiencies in data and models to adequately define exposure and health endpoints for human and ecological systems. Research needs for future Section 812 Studies need to be seriously considered by the Administrator and the Office of Research and Development. Targeted studies need to be developed and executed cooperatively by the Agency and researchers in the appropriate fields of ecology, exposure, and health effects.

Conclusion

We thank the Agency for the opportunity to be of service in review of the draft Prospective Study and to the review of the draft Study itself. We look forward to the response to this Advisory from the Assistant Administrators of the Office of Air and Radiation and the Office of Research and Development.

Sincerely,

Dr. Maureen L. Cropper, Chair
Advisory Council on Clean Air
Compliance Analysis

Dr. Paul Lioy, Chair
Health and Environmental Effects
Subcommittee